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DATE: August 2, 2005

TO: Mail Stop Amendment
Commissioner for Patents
Art Unit: 3711, Examiner: Raeann Gorden
Facsimile No.: 571-273-8300

FROM: Jin Qian
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RE: Application Serial No.: 10/611,833
Response to Office Action of August 1 2005

Pages including cover sheet: 13

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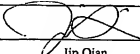
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|---|------|--------------------------|---------------------|--------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). | | Complete If Known | | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/611,833 | |
| | | Filing Date | July 1, 2003 | |
| | | First Named Inventor | Matthew F. Hogge | |
| | | Examiner Name | Raeann Gorden | |
| | | Art Unit | 3711 | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 130.00 | Attorney Docket No. | B03-13 |

| | | | |
|--|--|---|---|
| METHOD OF PAYMENT | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>502309</u> Deposit Account Name: <u>Acushnet Company</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
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| FEE CALCULATION | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | |
| Application Type <input type="checkbox"/> Utility <input type="checkbox"/> Design <input type="checkbox"/> Reissue <input type="checkbox"/> Provisional | Filing Fee (\$) 300 200 300 200 | Search Fee (\$) 500 100 500 0 | Examination Fee (\$) 200 130 600 0 |
| | | | Fees Paid (\$) _____ _____ _____ _____ |
| 2. EXCESS CLAIM FEES | | | |
| Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | Fee (\$) 50 200 |
| Total Claims _____ | Paid TC _____ | Extra Claims _____ | Fee (\$) 50 |
| Paid TC = the greater of 20 or highest number of total claims paid for | | | Fee Paid (\$) 0 |
| Independent Claims _____ | Paid IC _____ | Extra Claims _____ | Fee (\$) 200 |
| Paid IC = the greater of 3 or highest number of independent claims paid for | | | Fee Paid (\$) 0 |
| 3. APPLICATION SIZE FEE | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | |
| Total Sheets _____ | Extra Sheets _____ | (round up to integer) | Fee (\$) 250 |
| _____ - 100 = _____ / 50 = _____ | | | Fee Paid (\$) 130 |
| 4. OTHER FEES | | | |
| Statutory Disclaimer \$130 Click to select | | | Fee Paid (\$) 130 |

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| SUBMITTED BY | | |
| Signature  | Registration No. 55,997 | Telephone (508) 979-3297 |
| Name Jin Qian | Date <u>08-02-2005</u> | |